10-7-05

21

PTO/SB/21 (09-04)

Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## **TRANSMITTAL FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10/708,313 **Application Number** February 24, 2004 Filing Date First Named Inventor Matthew A. Johnson Art Unit 3765 Tajash D. Patel **Examiner Name** 716138.15 **Attorney Docket Number** 

**ENCLOSURES** (check all that apply) After Allowance Communication TC Fee Transmittal Form Drawing(s) Appeal Communication to Board of Fee Attached Licensing-related Papers Appeals and Interferences Amendment / Reply Petition Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Provisional Proprietary Information After Final Application Status Letter Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address X Terminal Disclaimer Other Enclosure(s) (please identify **Extension of Time Request** below); References Cited; return **Express Abandonment Request** Request for Refund postcard Information Disclosure Statement CD, Number of CD(s)\_ Landscape Table on CD Certified Copy of Priority Document(s) Remarks: Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Blackwell Sanders Peper Martin, LLP Signature Robert J. Lewis **Printed Name** 27,210 Reg. No. **Date** 05

	CERTIF	FICATE OF TR	RANSMISSION/MAIL	ING	
I hereby certify that this corresponding Service with sufficient postage a P.O. Box 1450, Alexandria, VA Express Mail Label No.: EV 528	is Express Mail i 22313-1450 on t	in an envelope a	ddressed to: Mail Stop	deposited w Amendment	ith the United States Postal t, Commissioner for Patents,
Signature	1	alen	Yadsan		
Typed or printed name	Karen Dodso	on ´		Date	10/6/05

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.	Application Number   10/708,313						te if Known	id OMB control number
FEE TRANSMITTAL For FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Art Unit   3765     Art Unit   3765     Art Unit   3765     Other   Check   Credit Card   Money Order   None   Other (please identify):	FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27 At Unit Art Unit Ar	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL						
First Named Inventor   Matthew A. Johnson   Examiner Name   Tajash D. Patel	First Named Inventor   Matthew A. Johnson   Examiner Name   Tajash D. Patel							
Applicant claims small entity status. See 37 CFR 1.27   Art Unit   3765	Applicant claims small entity status. See 37 CFR 1.27   Art Unit   3765					<del>- 1</del>		
Applicant claims small entity status. See 37 CFR 1.27  Art Unit  3765  DTAL AMOUNT OF PAYMENT  (\$) 245.00  Attorney Docket No.  716138.15    METHOD OF PAYMENT (check all that apply)    Check   Credit Card   Money Order   None   Other (please identify):         Deposit Account Deposit Account Number: 11-0160   Deposit Account Name: Blackwell Sanders Peper Martin For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filling fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card omension and univortation on PTD-2038.   FEE CALCULATION	Applicant claims small entity status. See 37 CFR 1.27  Art Unit  3765  DTAL AMOUNT OF PAYMENT  (\$) 245.00  Attorney Docket No.  716138.15    METHOD OF PAYMENT (check all that apply)    Check   Credit Card   Money Order   None   Other (please identify):						-	
METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 11-0160 Deposit Account Name: Blackwell Sanders Peper Martin For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Monday and ditional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card domation and authorization on PTO-2038.  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEE (\$) Fee Paid (\$) Fee	METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 11-0160 Deposit Account Name: Blackwell Sanders Peper Martin For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Monday and dittonal fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card of martin and authorization on PTO-2038.  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SE	7		CFR 1.27				<del></del>
METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Deposit Account Number: 11-0160   Deposit Account Name: Blackwell Sanders Peper Martin For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Charge	METHOD OF PAYMENT (check all that apply)   Check   Credit Card   Money Order   None   Other (please identify):   Deposit Account Deposit Account Number: 11-0160   Deposit Account Name: Blackwell Sanders Peper Martin For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except f							
Check	Check							
Deposit Account Number: 11-0160  Deposit Account Number: 11-0160  Deposit Account Number: 11-0160  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge any additional fee(s) or underpayments of fee(s)  Charge fee(s) indicated below  Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) indicated below, except for the filling fee  Charge fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s)  Example fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s) fee(s)  Excess CLAIM Fee(s) fee	Deposit Account Deposit Account Number: 11-0160 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  ARNINGS: Information on this form may become public. Credit card information should not be included on this form. Provide credit card omenation and authorization on PTO-2038.  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Small E				ne Other (	olease identify):		
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card domains and authorization on PTO-2038.  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SEARCH FEES EXAMINATION FEES  Small Entity Small Entit	Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card ormation and authorization on pTr0-2038.  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES	Deposit Account Depos	sit Account Number:	11-0160 , the Director is he	Deposit Account	Name: Blacky : (check all tha	well Sanders F t apply)	Peper Martin
under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card ormation and authorization on PTO-2038.  FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES SMall Entity Sma	under 37 CFR 1.16 and 1.17  ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card or maniformation on this form may become public. Credit card information should not be included on this form. Provide credit card or maniformation on this form may become public. Credit card information should not be included on this form. Provide credit card or maniformation or provide credit card or pr	Charge fee(s) indicat	ted below		Charge fee(	s) indicated be	low, except for t	he filing fee
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES FEE (\$)	BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) F			ayments of fee(s)	Credit any o	verpayments		,
FEE CALCULATION  BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$)	### Paragraphics   Fee (\$)	ARNING: Information on this for	m may become publi	c. Credit card information	ation should not be ir	cluded on this fo	orm. Provide credit o	card
FILING FEES Small Entity Fee (\$) Fee (	FILING FEES Small Entity Fee (\$) Fee (							
Application Type    Small Entity   Fee (\$)   F	Application Type    Fee (\$)   Fee (\$							
Specification Type   Fee (\$)	Specification Type   Fee (\$)   Fee							
Per period of the provision of the provi	Per period of the properties of the properties of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Posset properties of the prope	Application Type Fe						Fees Paid (\$)
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0  EXCESS CLAIM FEES  **E Description** Che claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  **Coch independent claims 50 100 100 100 100 100 100 100 100 100	Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0  EXCESS CLAIM FEES  Be Description Che claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Che chindependent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Little dependent claims  Total Claims  - 20 or HP =	Jtility 3				200		
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  EXCESS CLAIM FEES  e Description  ch claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  ch independent claims 50 25  ch independent claims  Fee (\$) Fee (\$) 50 100 100  Independent claims  For Reissues, each independent claim more than in the original patent 200 100  Independent claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  -3 or HP =	Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0  EXCESS CLAIM FEES  Description  Check claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25  Check independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100  Altiple dependent claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Fee (\$) Fee Paid (\$) Fee Paid (\$)  Fee Paid (\$) Fee Paid (\$)  Fee Paid (\$) Fee Paid (\$)  Fee Paid (\$) Fee Paid (\$)  Fee Paid (\$)	Design 2	200 100	100	50	130	65	
EXCESS CLAIM FEES  Description  EXCESS CLAIM FEES  Description  Chock claim over 20 or, for Reissues, each claim over 20 and more than in the original patent for independent claim over 3 or, for Reissues, each independent claim more than in the original patent for independent claims  Total Claims  Total Claims  The highest number of total claims paid for, if greater than 20 fee (\$) fee Paid (\$)  The highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$) fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)	EXCESS CLAIM FEES  Description  Exception  Check claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  Check claim over 3 or, for Reissues, each independent claim more than in the original patent  Check claims  Total Claims  Country  Claims  Country  Extra Claims  Fee (\$)  Fee (\$)  Fee Paid (\$)	Plant 2	200 100	300	150	160	80	
EXCESS CLAIM FEES  e Description  ch claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  ch independent claims  Total Claims  -3 or HP =   x   =      -3 or HP =   x   =    HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  -100 =   /50 =   (round up to a whole number)   x   =    The e (\$)   Fee (\$)   Fee (\$)    Fee (\$)   Fee (\$)    Fee (\$)   Fee (\$)    Fee (\$)    Fee (\$)    Fee (\$)    Fee (\$)    Fee Paid (\$)	EXCESS CLAIM FEES  e Description  ch claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  ch independent claims  Total Claims  -3 or HP =	Reissue 3	300 150	500	250	600	300	
EXCESS CLAIM FEES  e Description  ch claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  ch independent claims  Total Claims  -3 or HP =   x   =      -3 or HP =   x   =    HP = highest number of independent claims paid for, if greater than 3  APPLICATION SIZE FEE  the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  -100 =   /50 =   (round up to a whole number)   x   =    The e (\$)   Fee (\$)   Fee (\$)    Fee (\$)   Fee (\$)    Fee (\$)   Fee (\$)    Fee (\$)    Fee (\$)    Fee (\$)    Fee (\$)    Fee Paid (\$)	EXCESS CLAIM FEES  e Description  ch claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  ch independent claims  Total Claims  -3 or HP =	Provisional 2	200 100				0	
The specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 = / 50 = (round up to a whole number) x =  DTHER FEE(S)  Fee Paid (\$)	Total Sheets  - 100 =   -	ultiple dependent claims <u>Total Claims</u> - 20 or HP =	Extra Claims	Fee (\$)		Multiple D	360 ependent Claim	180 <u>s</u>
APPLICATION SIZE FEE  the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 = / 50 = (round up to a whole number) x =  OTHER FEE(S)  Non-English Specification \$130 fee (no small entity discount)	APPLICATION SIZE FEE  the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  - 100 = / 50 = (round up to a whole number) x =  OTHER FEE(S)  Fee Paid (\$)  Fee Paid (\$)	ndep. Claims			Fee Paid (\$)			
the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =   Number of each additional 50 or fraction thereof   Fee (\$)   Fee Paid (\$)  OTHER FEE(S)  Non-English Specification \$130 fee (no small entity discount)	the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =   Number of each additional 50 or fraction thereof - 100 =   (round up to a whole number) x   Fee (\$)    OTHER FEE(S)  Non-English Specification \$130 fee (no small entity discount)	3 or HP =		er if accetor than 2				ľ
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Fee Paid (\$)  Non-English Specification \$130 fee (no small entity discount)	for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  - 100 =	<del></del>	endent claims paid fo	n, ii greater than 3				
Total Sheets   Extra Sheets   Number of each additional 50 or fraction thereof   Fee (\$)   =   Fee Paid (\$)    OTHER FEE(S)   Fee Paid (\$)    Non-English Specification \$130 fee (no small entity discount)	Total Sheets - 100 =	HP = highest number of indepe	E	•				
- 100 = / 50 = (round up to a whole number) x =  OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)	- 100 =	HP = highest number of indepe APPLICATION SIZE FE the specification and drawin	E ngs exceed 100 sh	eets of paper, the				entity)
OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)	OTHER FEE(S)  Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)	HP = highest number of indepe APPLICATION SIZE FE the specification and drawin for each additional 50	E ngs exceed 100 sh 0 sheets or fracti	neets of paper, the	35 U.S.C. 41(a)	(1)(G) and 37	7 CFR 1.16(s).	
Non-English Specification, \$130 fee (no small entity discount)  Other: Submission of Information Disclosure Statement  Terminal Disclaimer  Registration No. (Attorney/Agent)  Parature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  Date  Occording to take 30 minutes to complete displication form to the USPTO. Time will vary depending upon the individual case. Any comments on the unit of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.  Telephone 314-345-6000  Date  Occording the public which is to file (and by the USPTO occording to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the unit of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.  ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Non-English Specification, \$130 fee (no small entity discount)  Other: Submission of Information Disclosure Statement  Terminal Disclaimer  Registration No.  (Attorney/Agent)  Part (Print/Type)  Robert J. Lewis  Registration No.  (Attorney/Agent)  Registration No.  (Attorney/Agent)  Date  (D/6/0 5)  Date  (D/6/	HP = highest number of indepe APPLICATION SIZE FE the specification and drawin for each additional 50 Total Sheets Ext	E ngs exceed 100 sh 0 sheets or fracti tra Sheets	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a) h additional 50 o	(1)(G) and 3° r fraction ther	7 CFR 1.16(s). eof <u>Fee (\$)</u>	
Other: Submission of Information Disclosure Statement Terminal Disclaimer  Registration No. (Attorney/Agent) 27,210  Telephone 314-345-6000  Telephone	Other: Submission of Information Disclosure Statement Terminal Disclaimer  Registration No. (Attomey/Agent)  Registration No. (Attomey/Agent)  Registration No. (Attomey/Agent)  Date 10/6/0  Indection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT cess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the unt of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	HP = highest number of indeperations of indeperation of indepe	E ngs exceed 100 sh 0 sheets or fracti tra Sheets	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a) h additional 50 o	(1)(G) and 3° r fraction ther	7 CFR 1.16(s). eof <u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
Registration No. (Attorney/Agent) 27,210  Telephone 314-345-6000  Telephone 314-345-6000  Date (0/6/0 5)  Illection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT) cess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the unit of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Registration No. (Attorney/Agent) 27,210  Telephone 314-345-6000  Date (0/6/o Telephone 314-345-6000)  Telephone 314-345-6000	APPLICATION SIZE FE the specification and drawin for each additional 50 Total Sheets - 100 =  OTHER FEE(S)	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)
Registration No. (Attorney/Agent) 27,210  Telephone 314-345-6000  Telephone 31	Registration No. (Attomey/Agent) 27,210  Telephone 314-345-6000  Telephone 40000  Telephone 4	HP = highest number of independent of the specification and drawing for each additional 50   Total Sheets	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)
Registration No. (Attorney/Agent) 27,210  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000  Telephone 314-345-6000	me (Print/Type) Robert J. Lewis  Telephone 314-345-6000  Telephone 314-345-6000  Date 10/6/0 T	HP = highest number of independent of the specification and drawing for each additional 50   Total Sheets	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)
Interest (Print/Type) Robert J. Lewis Date 10/6/0 Steed of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT cess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the unit of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	Interpretation of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT cess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the unit of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	HP = highest number of independent of the specification and drawing for each additional 50   Total Sheets	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)
ering, preparing, and submitting the completed application formation is required to obtain or retain a benefit by the public which is to file (and by the USPT cess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the unit of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	ess) an application. Confidentiality is governed by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPT cess) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including ering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the untro of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and demark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	HP = highest number of independent of the specification and drawing for each additional 50   Total Sheets	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)
01-1191292-1	01-1191292-1	HP = highest number of independent of the specification and drawing for each additional 50 Total Sheets Extendent of the specification	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)
		HP = highest number of independent of the specification and drawing for each additional 50 Total Sheets Extendent of the specification	ngs exceed 100 sh 0 sheets or fracti tra Sheets / 50 =	neets of paper, the ion thereof. See Number of eac	35 U.S.C. 41(a): h additional 50 or (round up to a w	(1)(G) and 3° r fraction ther rhole number)	7 CFR 1.16(s). eof <u>Fee (\$)</u> x	Fee Paid (\$)  Fee Paid (\$)